INDEPENDENT DIABETES TRUST
Newsletter
SEPTEMBER 2022 Newsletter, Issue 114
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The last 2 years show the importance of having all the annual key checks

As we know, people with diabetes are supposed to undergo regular checks to prevent or reduce the risk of diabetic complications. However, researchers suggest that a lack of routine care, lack of diabetes checks following the first Covid lockdown and since, followed by a move to remote forms of healthcare delivery, may have resulted in the deaths of more than 3,000 people. Experts said findings showed patients had suffered "absolutely devastating" consequences and were being "pushed to the back of the queue".
The study, led by Prof Jonathan Valabhji, the national clinical director for diabetes and obesity, compared deaths last summer with those in the same period before the pandemic. It found that, over just a period of 15 weeks, non-Covid deaths among people with diabetes rose by 11%, with an extra 3,075 fatalities including a surge in deaths from heart disease.

The findings showed:

- During 2020/21, just 26.5% of diabetes patients received their full set of checks, compared with 48.1% the year before, and even this is less than 50% which is not good enough!
- Those who got all their checks in 2019-20 but did not receive them the following year had mortality rates 66% higher than those who did not miss out.
- There were 30,118 non-Covid deaths in people with diabetes during the 2021 period but if take-up of checks had not fallen, there would have been 27,043 deaths – 3,075 fewer.
- Among such patients, deaths due to heart disease rose by 15%.

The analysis only compared deaths in England for two 15-week periods, from July to October in 2021, to the same months in 2019, so these figures could rise significantly when the full period is audited as NHS chiefs, warn, 'The true death toll likely to be far higher'.
The researchers concluded that there was an increased risk of mortality in those who did not receive all care processes in one or both of the previous two years.
The results provide evidence that the increased rate of non-COVID-19-related mortality in people with diabetes in England between July 3, and Oct 15 of 2021 is associated with a reduction in completion of routine diabetes care processes following the pandemic onset in 2020. (Lancet Diabetes and Endocrinology, May 2022)

This is important research and shows the importance of having all the key checks every year irrespective of the Covid situation. However, what it does not cover is what has happened, and is still happening, to people who are not receiving proper checks and are often only receiving phone consultations, so are missing out on face to face inspections and possibly appropriate treatment for developing complications. Changes in feet, in the retina cannot be over the phone! We need the return of the annual 9 key checks as a matter of urgency.

Ukraine

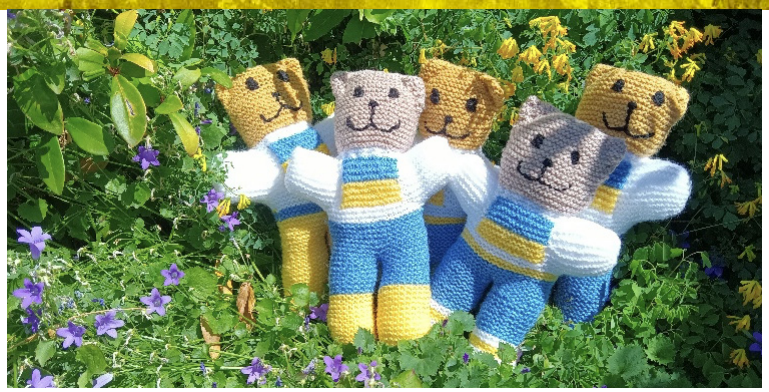
'Please see overleaf for the latest update'

Update from Ukraine

Thanks to the generosity of our members and many other people, we have sent two further consignments of insulin and other diabetes supplies to help people with diabetes in Ukraine. Since we started collecting, the need for Type 2 tablets has become apparent, so a particular thanks to people for responding to our pleas and donating unwanted metformin and other Type 2 tablets.

So many thanks to everyone who has helped the people of Ukraine!

We recently received an email from Dmytro, our contact in Ukraine, who sent us pictures of people receiving our donated items. Some of this aid reached the people in Kharkivsky and Dnipro region – the eastern part of Ukraine where the situation has been very difficult.



We are all very well aware that the newspapers and news bulletins have been taken up with UK political issues over the last weeks, but I must remind you that the situation in Ukraine has certainly not gone away, nor have the needs of Ukrainian people with Type 1 or Type 2 diabetes. So IDDT is still collecting unwanted, in-date insulin, blood glucose meters, test strips, needles and lancets and of course, tablets for Type 2 diabetes.

You may remember that Hazel, an IDDT member knitted rabbits which really pleased the children in Ukraine. Now another kind IDDT supporter has knitted teddies which are going out with our next delivery, So, many thanks to Hazel and our other knitters!

MHRA issues safety alerts!

Roche Accu-Chek Insight insulin pump with NovoRapid PumpCart insulin cartridges: alert following cases of insulin leakage

A National Patient Safety Alert was issued in June 2022 by the Medicines and Healthcare products Regulatory Agency (MHRA). This followed serious reports of harm associated with insulin leakage during use of the Accu-Chek Insight Insulin pump with NovoRapid PumpCart prefilled insulin cartridges. Patients should be moved on to alternative insulin pumps where possible. It says:

Safety issue from the MHRA

The Roche Accu-Chek Insight insulin pump is a medical device used by insulin-dependent patients with diabetes to deliver insulin. The Accu-Chek Insight pump is used in combination with NovoRapid PumpCart cartridges, which contain insulin (as insulin aspart) in a glass cartridge.

We have received reports of patient harm associated with leakage and over the past 3 years we have kept this safety concern under close review. In some of the reported leakage incidents, the cartridges were found to be cracked and provided an inadequate supply of insulin to patients. However, leakages also occurred in cases where no cracks in the cartridge were visible.

In some patients, serious consequences resulted from an inadequate supply of insulin. We received 25 serious cases in both 2020 and 2021 (including cases where a patient required urgent medical treatment or hospitalisation) in association with an insulin leakage event in UK patients, including 18 cases and 17 cases respectively of diabetic ketoacidosis.
Despite actions from the manufacturer to reduce the incidence of these events, we continue to receive reports of insulin leakage and we have taken further action to protect patients.

Advice for patients and carers:
The MHRA has taken action following cases in which insulin has leaked from the glass cartridge in the Accu-Chek Insight insulin pump – some cases were associated with severely high blood sugar and diabetic ketoacidosis. Your healthcare professional team has been asked to discuss with you changing to another insulin pump where possible. While you continue to use the Accu-Chek Insight Insulin pump:

- check the pump and cartridge regularly for damages, for example cracks or leakage. If you smell insulin (a strong antiseptic chemical smell) this could also indicate a leakage.
- follow the advice in the latest customer notice to replace previous designs for pump adaptors and tubing.
- do not use the cartridge if cracks or leakage are seen or if the cartridge was dropped. Follow the instructions of your Accu-Chek Insight user manual for replacing a cartridge and for cleaning the cartridge compartment in the insulin pump.
- during the day and before going to sleep please carefully check that your insulin pump is delivering insulin and there are no leakages.
- never change treatment delivery methods without first consulting a relevant healthcare professional.
- failure of insulin delivery due to leakage may not result in an alert notification from the insulin pump and cracks and leakages may not always be visible. You should check blood glucose levels multiple times throughout your day while using pumps.
- tell your healthcare professional immediately if you suspect a problem with your insulin delivery.

Roche Diabetes Care ceased marketing the Accu-Chek Insight pump in the UK at the end of 2021 and new patients will not be offered the pump. Therefore, all existing Accu-Chek Insight pump users will need to be transferred to an alternative pump at the end of their pump warranty, irrespective of the outcome of their risk assessment.

Metformin and reduced vitamin B12 levels: new advice for monitoring patients at risk

A warning was issued in June 2022 by the Medicines and Healthcare products Regulatory Agency (MHRA) about metformin. It says:

"Decreased vitamin B12 levels, or vitamin B12 deficiency, is now considered to be a common side effect in patients on metformin treatment, especially in those receiving a higher dose or longer treatment duration and in those with existing risk factors. We are therefore advising checking vitamin B12 serum levels in patients being treated with metformin who have symptoms suggestive of vitamin B12 deficiency. We also advise that periodic monitoring for patients with risk factors for vitamin B12 deficiency should be considered."

The known adverse drug reaction of vitamin B12 deficiency was recently reviewed after which, the MHRA agreed that the product information for medicines containing metformin should be updated to state that vitamin B12 deficiency is a common adverse drug reaction, and may affect up to 1 in 10 people who take it. It has also been updated to note that the risk of this adverse reaction occurring rises with increasing metformin dose, with treatment duration and in patients with risk factors known to cause vitamin B12 deficiency.

The advice for patients and carers:

- if you are taking metformin, seek medical advice if you develop new or worsening symptoms of extreme tiredness, a sore and red tongue, pins and needles, or pale or yellow skin – these can be signs of low vitamin B12 levels,
- other symptoms may include mental disturbance (depression, irritability, cognitive impairment), glossitis (swollen and inflamed tongue), mouth ulcers, and visual and motor disturbances or it can be asymptomatic (no symptoms at all),
- it is important for patients with anaemia or neuropathy caused by vitamin B12 deficiency to be diagnosed and treated as soon as possible to avoid the development of permanent symptoms,
- you may need blood tests to find out the cause of your symptoms; these symptoms can also be caused by diabetes or other unrelated health issues,
- you can keep taking metformin while vitamin B12 levels are being corrected,
- do not stop your treatment without first discussing this with your doctor.

About metformin and vitamin B12 deficiency
Metformin is a medicine authorised to treat Type 2 diabetes mellitus, to help prevent Type 2 ▶

diabetes in patients at high risk of developing it and sometimes as an addition for Type 1 diabetes treatment.
Vitamin B12 is a nutrient that helps to keep the body's nerve and blood cells healthy. It is found in foods of animal origin including milk, cheese, yoghurt, and eggs. It is also added to some fortified foods such as breakfast cereals.
Common causes of vitamin B12 deficiency include infections, malabsorption, medical conditions (Crohn's disease, pernicious anaemia), gastric resection, and inadequate dietary intake.

The risk factors for vitamin B12 deficiency include:

- baseline vitamin B12 levels at the lower end of the normal range,
- conditions associated with reduced vitamin B12 absorption, such as elderly people, those with gastrointestinal disorders eg total or partial gastrectomy, Crohn's disease and other bowel inflammatory disorders, or autoimmune conditions.
- diets with reduced sources of vitamin B12, such as strict vegan and some vegetarian diets,
- concomitant medication known to impair vitamin B12 absorption including proton pump inhibitors or colchicine,
- genetic predisposition to vitamin B12 deficiency, such as intrinsic factor receptor deficiency.

Another warning - Biotin is in many cosmetic products but is bad for thyroid lab tests

It was reported at this year's American Association of Clinical Endocrinology (AACE) Annual Meeting that a significant number of people use cosmetic products containing enough biotin to interfere with several laboratory measurements, including those of thyroid function. Biotin is Vitamin B7 and can interfere with a variety of biotin-based lab tests.
The researchers suggest that if an asymptomatic patient's thyroid test comes back suggesting hyperthyroidism (overactive thyroid), then they should be asked if they've been using hair, skin or nail products containing biotin. If so, they should be advised to stop taking the supplement for a week and then have their thyroid hormone levels re-measured. The chances are, they will be normal.
Biotin interference can also result in falsely raised triiodothyronine and thyroxine and falsely low thyroid stimulating hormone, mimicking results seen in hyperthyroidism (Graves disease). This can lead to unnecessary treatment, with associated side effects.

These latest research findings were from a survey of 249 people at a clinic in Michigan. 66.3% were women and in total 20.4% reported taking biotin-containing products, of these 87% were women. 7.2% reported taking more than 5 mg daily of biotin, similar to the 7.7% previously reported and 7.4% previously reported in 2018.

Biotin is in hair products, skin products and nail products in men and women and is also taken as an energy supplement. The biotin dose found in vitamin supplements is roughly the daily requirement for the human body and doesn't typically interfere with lab results but the problem with lab tests arises with the far higher doses used in cosmetic products. Just think about how many nail bars are around these days! (Medscape Medical News, May 2022)

Comparison of continuous glucose monitoring and self-monitoring in maintaining glycaemia control in Type 1 diabetes – a review

This study assessed the effectiveness of continuous glucose monitoring (CGM) versus self-monitoring of blood glucose (finger prick / SMBG) in maintaining glycaemic control among people with Type 1 diabetes mellitus. It looked at HbA1c levels, severe hypoglycaemia and diabetic ketoacidosis (DKA) as outcomes of studies carried out between 2011 and 2020.

Results

Twenty-two studies, involving 2188 people with Type 1 diabetes, were identified, most with a low risk of bias. 2149 people were involved and the results showed:

- CGM significantly decreased HbA1c levels compared with SMBG, with larger effects experienced among people with higher HbA1cs at the start of the study.
- CGM had no influence (no benefits over SMBG) on the number of severe hypoglycaemia and DKA events.

Conclusions

- CGM is superior to finger prick testing in improving glycaemic control among people with Type 1 diabetes, especially in those with uncontrolled glycaemia.

- People with Type 1 diabetes with HbA1c above 64 mmol/mol (8%) are most likely to benefit from CGM.
- Current findings could not come to a concrete conclusion on the effectiveness of CGM on DKA outcome as DKA incidences were rare.

The esearchers recommend future research to evaluate the accuracy of CGM and the effectiveness of CGM across different age groups and insulin regimens as these remain unclear in this study. (Diabetologia, 2022)

Diabetes devices and contact dermatitis

A small study has shown that devices that help children control their diabetes and lead fuller lives may also give them contact dermatitis. The authors call for mandatory labelling of ingredients for allergy patch testing. Although this study was carried out in children, IDDT is aware from some of our members that this can also happen to adults.

The researchers from Aarhus University Hospital in Denmark conducted a retrospective study of 15 referred patients younger than 18 years who had Type 1 diabetes. The children were patch tested between 2018 and 2020 in a study of skin reactions linked with diabetes devices.

A high share of patients showed positive reactions to isobornyl acrylate adhesive (IBOA) and/or their medical devices (insulin pumps or glucose devices). A third of patients showed positive reactions to benzoyl peroxide (BP) used in adhesives, surprising because BP is known to be a strong irritant but a weak allergen. In addition, the researchers said that the presence of additional unidentified allergens cannot be excluded.

Many children in the study reacted to chemical compounds related to their devices. Of the 15 patients:

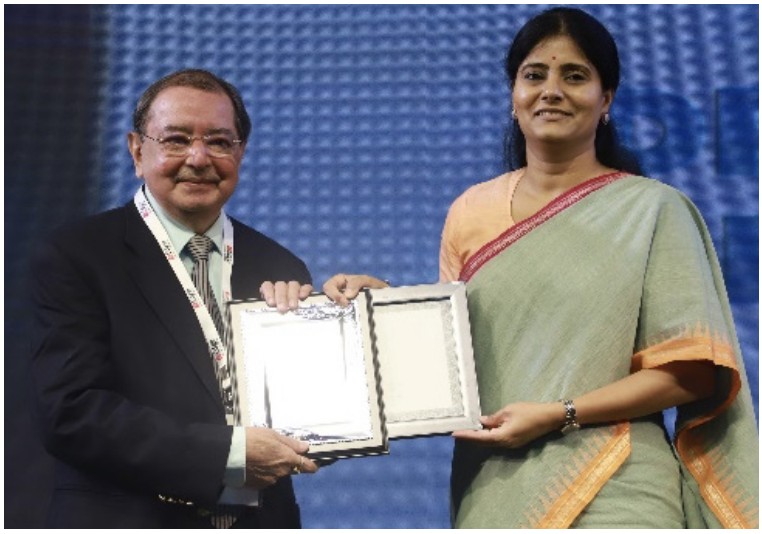
- 7 showed positive patch test reactions to IBOA,
- 5 showed positive reactions to BP.
- 10 children had positive patch test reactions to materials from glucose sensors and insulin pumps.
- 3 showed positive reactions to adhesive remover wipes.
- 5 reacted to plasters or cream containing lidocaine and prilocaine.

The patients in this study were in Denmark and they were able to easily change between insulin pumps and glucose monitoring devices but this is not possible in some countries.

Note: we know from the feedback from our members that this happens to some people. If you have a skin reaction to your pump, glucose monitor or patch, then it is important that you discuss this with your healthcare team and if necessary, have a referral to check for allergies.

Dr Sharad Pendsey receives "Legend of India" Award

Dr Sharad Pendsey who runs Dream Trust in India for children and young people with Type 1 diabetes, many of whom are sponsored by IDDT members, has been given "Legend of India" award.
This was presented at a glittering function on the Doctor's Day Conclave organised by Economic Times and held at Hyatt Regency Hotel, New Delhi on 30th June 2022. The award was given to Dr Pendsey and other distinguished doctors from India for their selfless and untiring efforts in the service of humanity. It was presented to Dr Pendsey by the Honourable Minister of State for Commerce & Industry, Anupriya Patel.



NHS Low Calorie Diet Programme can reverse Type 2 diabetes but....

NHS England Obesity Research Type 2 diabetes prevention is a national trial looking into **total diet replacement** approaches which has identified that a low-calorie programme can help people put their Type 2 diabetes into remission. Known as the NHS Low Calorie Diet Programme, it has also been shown to result in weight loss and a reduction in the need for medication amongst some people with Type 2 diabetes. The programme is primarily for people who are overweight and living with Type 2 diabetes and is accessed via referral from the GP and there is strict eligibility criteria including:

- Be aged between 18 and 65years old
- Have a diagnosis of Type 2 diabetes within the last six years
- Have a BMI over 27 kg/m2 (where individuals are from White ethnic groups) or over 25 kg/m2 (where individuals are from Black, Asian and other ethnic groups).

As part of the trial, the NHS delivered the new low-calorie diet treatment to 21 Integrated Care Systems across England and at the end of February 2022 around 3,200 people had been referred to the programme. The findings were as follows:

- Participants lost 7.2kg (15.8 pounds) on average after one month, and 13.4kg (29.5 pounds) after three.
- Those following the Programme can keep their weight off over time.
- The trials showed that around half of people who had similar weight loss were able to achieve remission of their Type 2 diabetes after one year.

So, in around half of those who lost weight, their diabetes was reversed but this effect did not happen in the other half.

What is the total diet replacement approach used in the trial?

Here are the suggestions for eating at home or eating out:

- Swap rice for cauliflower or broccoli couscous.
- Instead of spaghetti, use spiralised veg such as courget or butternut squash noodles.
- Replace tortilla wraps or taco shells with lettuce leaves.
- Replace pasta sheets in lasagne with sliced aubergine.
- Use portobello mushrooms as the bun when you are having a burger.
- If you have potatoes with your meals, replace them with more vegetables or try things such as celeriac mash or butternut squash wedges.
- Instead of sugar, switch to sweeteners such as Stevia, Erythritol or Xylitol which can also be used in baking.
- Replace wheat flours with low carb ones made from nuts, eg almond flour or coconut flour which work well for muffins, pancakes or baked goods.
- Cow's milk is quite high in carbs due to the sugar lactose so try coconut or almond milk.

IDDT receives reports of difficulties...

IDDT has received a few phone calls from people describing symptoms they can't understand and when described to their health team, they receive no answers. Some were never overweight and all the callers had similar difficulties:

- feeling tired,
- feeling faint after gardening or going to the supermarket,
- importantly, feeling better if they ate something sweet,
- yes, they lost weight and more weight than they needed to.

For people used to carb counting, looking at the 'diet replacement approach', it is clear that this is a very low carb diet and the people calling IDDT with the above symptoms had LOW blood sugar levels!
People entering this programme must receive support and education about the relationship between exercise, energy required and the foods that provide this energy – carbs. This raises the questions of whether a diet can be too low in carbs or whether the old restricted carb diet is better?

Diabetes and what's happening in Westminster?

New Parliamentary inquiry into Type 1 diabetes and eating disorders launched

In June 2022, Sir George Howarth MP (Vice-Chair of the All-Party Parliamentary Group for Diabetes) and Rt. Hon Theresa May MP launched a new inquiry into eating disorders in Type 1 diabetes, apparently now known as T1DE.

In the UK about 400,000 people live with Type 1 diabetes and of these, studies suggest that between 8% and 36% have some form of eating disorder, up to 144,000 people!

As we know, people with Type 1 diabetes inject insulin every day but those with eating disorders often avoid or restrict injecting their insulin, as a means of losing weight. This can be life-threatening and puts them at risk of all the diabetic complications. Severe insulin restriction can also cause diabetic ketoacidosis (DKA) where the body is forced to break down fat for energy. This causes weight loss but can also become dangerous and may require emergency hospital admission.

As Type 1 diabetes and food are so intertwined due to counting carbs, reading food labels and being aware of the role of food, living with Type 1 diabetes can put people at heightened risk of developing an eating disorder.

Several evidence sessions will take place throughout the summer and will hear from experts in academia, the NHS, the charity sector and people who have personal experiences of TIDE. It is hoped that there will be suggestions of how the condition can be helped more effectively by the NHS and health systems.

Parliamentary Questions

IDDT has received complaints about the lack of diabetic foot screening and the state of diabetic eye screening and in June, there were also Parliamentary Questions asked of the Secretary of State for Health and Social Security.

Diabetic retinopathy screening drops

A Parliamentary Question asked what assessment has been made of the trends in the level of people with diabetes receiving retinopathy screening between 2016 and 2021.

The answer was:

- Between April 2016 and March 2020, levels of routine digital screening for diabetic retinopathy in England were approximately 82%.
- Due to the impact of the pandemic, this rate reduced to 67.7% between January and March 2021. The NHS and its partners are ensuring that participation in diabetic eye screening participation returns to pre-pandemic levels and we will continue to monitor progress.

Note: if you have not received your usual annual retinopathy screening, remember you can have a free eye test with a high street optometrist but when booking it, make sure that they will be able to carry out a full check of the back of the eye to check for retinopathy. This is better than no check at all.

Vital foot surveillance saw sharpest drop

Foot checks, which rely on physical appointments, saw the sharpest drop, falling by more than 37%, the greatest reduction of all the checks.

Another Parliamentary Question asked what plans are in place to ensure diabetic foot screening with primary care returns to pre-covid 19 pandemic levels?

The answer was: *"The 2022/23 priorities and operational planning guidance asks integrated care systems (ICSs) to restore diabetes care processes to pre-pandemic levels by the end of 2022/23. In 2022/23, £36 million has been allocated to ICSs to support the restoration of routine diabetes care, including foot checks. Each ICS will set out its recovery activity in a one-year operational plan.*

In addition, in April 2022, performance-based payments for the Quality and Outcomes Framework (QOF) were reinstated in full. Alongside other indicators promoting the management of patients with diabetes, the 2022/23 QOF includes an indicator which promotes an annual foot examination of registered patients with diabetes."

The latest National Diabetes Foot Care Audit (NDFA)
This report, published 11th May 2022, was for the period July 2014 to March 2021 and its recommendations, if put into operation, will improve foot care services for everyone with diabetes, especially recommendation 5.

Recommendation 1: Ensure that healthcare professionals (HCPs) arrange early expert assessment of all new foot ulcer episodes.

Recommendation 2: Ensure that healthcare providers and HCPs review NDFA measures for their organisations, including time to first expert assessment (FEA), ulcer severity at FEA and 12-week outcomes.

Recommendation 3: Ensure that specialist clinical services which care for foot ulcers in diabetes are accessible everywhere.

Recommendation 4: Ensure that healthcare providers and HCPs have effective integration between different clinical groups: in the community and with different specialist expertise.

Recommendation 5: Healthcare commissioners should ensure that diabetic foot care training and education is available to all HCPs who provide services to people with diabetes and is available across all healthcare settings and services.

Diabetes and statins – the debate continues

In previous Newsletters, we have discussed the merits or otherwise of the recommendations that people with both Type 1 and Type 2 diabetes over the age of 40 should take statins but the debate still has not been settled. It is believed that people with either type of diabetes will benefit from statins because both conditions increase the risk of cardiovascular diseases. Statins are given as a lifelong daily medication which is purely preventative and many people are not used to taking drugs for prevention as opposed to treat or cure. Doctors prescribe statins because there is a lot of evidence in favour of their use in people with diabetes but it is still not clear whether science supports this.

Many people with diabetes are cautious about taking statins, many people have happily taken statins for years, some people have discontinued statins due to apparent side effects and others have outright refused to take them at all. So, it's still a confusing topic.

What are statins?
Statins are cholesterol-lowering drugs, effective at lowering LDL, the so-called bad cholesterol that contributes to the build-up of fat in the arteries which, for many years, has been linked with the development of atherosclerotic cardiovascular disease.
While many common foods contain cholesterol, much of the cholesterol in the blood is produced by the liver, which can create all of the cholesterol you need to live. Statins work by reducing your liver's production of LDL.

Adverse effects
Statins are generally considered safe but there are some known side effects, including muscle pains, cramps, weakness and memory problems. Some people who experience adverse effects need to try different formulations of statins and/or dosages before they find one they can tolerate. More serious side effects, such as l iver damage, are considered very rare.

Why the confusion?
While there is strong evidence in favour of statins, other evidence adds to the confusion.

- High-intensity statins, such as atorvastatin 80 mg and rosuvastatin 20 mg, are associated with a higher excess risk of causing diabetes than moderate-intensity statins, such as atorvastatin 10 mg, simvastatin 20-40 mg, or pravastatin 40 mg.
- The use of high-potency statins significantly increased HbA1c levels in people both with and without diabetes. This effect on HbA1cs has been shown to be significantly higher in people with diabetes compared to those without but regular use of statins can cause as much as a 12% increase in blood sugar levels.
- The protective benefits of statins over the age of 75 begin to wane so people of 75 and older may not need statins as there is no clear evidence that high cholesterol in this group leads to heart disease or death.

- A 2016 study in the BMJ explains that statins' benefits may be "concentrated within an unpredictable minority." In other words, statins may do relatively little for most people, but the people that benefit really benefit.
- A 2021 investigation found that "statin users had a higher likelihood of insulin treatment initiation, developing significant hyperglycaemia, experiencing acute glycaemic complications and being prescribed an increased number of glucose-lowering medication classes."

It is quite common for people with diabetes to be sceptical about taking statins because they are preventative with no immediate obvious benefits, they can cause adverse effects and in some people, may make blood sugars more difficult to control. However, statins are among the most researched medicines and there is not much doubt that they can save lives in people who are at increased risk of heart disease in people with and without diabetes.

This article does not offer advice or recommendations but hopefully it gives information that you may wish to consider and discuss with your healthcare team.

Remember - membership of IDDT and our booklets are free!

We are all very much aware of the increases in the cost of living and having to cut back on what we spend. We would just like to remind you that IDDT's policy has always been that membership is free.This means that people receive our Newsletter, Type 2 & You and our leaflets and booklets free of charge.

This policy has always been in place, so that no one is denied information about diabetes because of lack of funds. This has not changed, so if things are hard for you at the present time, please do not feel that you have to cancel your membership.

Of course, I have to add that we are very grateful to those of you who make donations, all of which help us to continue to help everyone with diabetes.

Thinking about Christmas

Included with this Newsletter is a leaflet entitled, 'Thinking about Christmas' and with this you can order IDDT Christmas cards, the Diabetes Diary for 2023 and IDDT's Shopping List.The Shopping List has magnets on the back to attach to your fridge for easy jotting down. On one half of the page you plan your meals for each day and on the half you write down the items you need to buy. This is a tear off section to take to the shops with you or to order your online shopping. It works well with the 28-day meal planner in IDDT's FREE booklet, 'Diabetes Everyday Eating'.

Derek Beatty receives presentation certificate

IDDT member with Type 1 diabetes, Derek Beatty, has done a lot of work looking at any links between Covid-19 and diabetes. He made a presentation in June 2022 at the Global Virtual Summit on European Public Health and the Covid-19 Crisis. Well done to Derek!

NHS News

Prescription charges frozen

NHS prescription charges have been frozen for the first time in 12 years to help with the cost of living. Charges usually increase in line with inflation but this year, costs for prescriptions will remain the same to help to ensure prescription medicines remain accessible. People with diabetes taking medication have free prescriptions but those on diet-only have to pay for their medicines. Charges for prescriptions will remain at:

- £9.35 for a single charge
- £30.25 for a 3-month prescription prepayment certificate (PPCs).
- 12-month PPCs will remain at £108.10 and can be paid for in instalments, which means that anyone on more than one prescription item a month will make a saving.

In addition to the freeze on charges, the NHS Low Income scheme offers help with prescription payments, with free prescriptions for eligible people within certain groups such as pensioners, students, and those who receive state benefits or live in care homes.

CCGs have gone and replaced by ICSs

Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people who live and work in their area. This will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting health and wellbeing. 42 ICSs have been established across England on a statutory basis from 1st July 2022. This marks the end of the GP-led commissioning era as Clinical Commissioning Groups (CCGs) are consigned to history.

A report: CCGs: A post-mortem, found that nearly three quarters of outgoing CCG leaders and staff (74%) do not have confidence in the way the NHS is being run. Just under two-thirds of these clinical leaders think the move will not be positive (60%) or improve primary care (62%).

Half think it will not improve patient care (52%) and 68% feel there will be a loss of clinical leadership as the new system takes over.

As patients, we need to be aware that all this will take time to settle in, just as it did when CCGs came in 9 years ago.

Integration White Paper – the promise for a future health and social care system

The Government has announced plans for their Integration White paper, which sets out their vision to integrate the NHS and adult social care and 'level up healthcare' across the country. A press release says that the plans will ensure care is more personalised, accessible and will remove the burdens on patients.
Better information sharing will mean people will no longer have to remember key facts such as dates of diagnosis or medicines prescribed. (Sounds a bit patronising!)

Local health services will be tailored to the specific needs of the community to ensure the right services are available, eg more diabetes clinics in areas with higher obesity.

The current system means that too often patients have to navigate complex and disjointed systems. This especially applies to people with multiple conditions, such as many people with diabetes, who can be left feeling frustrated at having to repeatedly explain their needs

to multiple people in different organisations, while others can face delayed hospital discharge because the NHS and local authorities are working to different priorities.

The aim of information sharing so to prevent this. However, the political landscape has changed so we have to wait and see if or when this will happen…..

Sernova uses insulin-producing cells to fill its pouch implant for diabetes

Automated insulin pumps now offer an alternative to manual injections but there still aren't any treatments for Type 1 diabetes that completely eliminate the need for external insulin delivery devices.
Canadian tech developer Sernova is aiming to change this with the development of a small pouch that can be filled with therapeutic cells and implanted in the body for long-term delivery of any necessary hormones or proteins.

Its Cell Pouch system has already produced promising results in trials using human donor cells, and Sernova has joined with German biotech Evotec to fill the pouches with cells that manufacture insulin. (May 2022)

India's pocket-pinching insulin price dynamics

In India there are the usual 3 major insulin suppliers, Novo Nordisk, Lilly and Sanofi and 5 million people dependent on insulin. With a nearly 50% price rise in insulin in the last 4 years in India, people are struggling to access insulin which the three pharma companies tightly control and command the highest prices. Indian companies have entered the market with biosimilar insulin variants but have a smaller market share, it's not going to be enough for India's poor. (May 2022)

$90-million contract from Malaysian government for supply of insulins

A subsidiary of Biocon Biologics Ltd has agreed a 3year contract with the Malaysian government valued at $90 million to supply recombinant human insulin, brand named Insugen.

This will enable over 400,000 people with diabetes to use recombinant human insulin and enables the Malaysian government to offer more equitable access to diabetes care. (May 2022)

All Canadians with Type 1 diabetes will qualify for the Federal Disability Tax Credit

In June, 2022, in Toronto it was announced that the around 300,000 Canadians with Type 1 diabetes can now automatically qualify for the federal disability tax credit (DTC). The DTC is a non-refundable tax credit that helps people with disabilities or their support people/family members to reduce the amount of income tax they may have to pay. This will ease the financial burden caused by unavoidable and necessary life-saving expenses faced ▶

by everyone with Type 1 diabetes.
Until now, people with Type 1 diabetes were denied DTC due to antiquated eligibility criteria, the 14-hour requirement. People had to account for the number of times and hours per week they were involved in their diabetes treatment, first 14 hours. In 2019, this was reduced from 14 to 10, however, the new amendment will automatically qualify all Canadians living with Type 1 diabetes to DTC, removing a significant barrier to care.

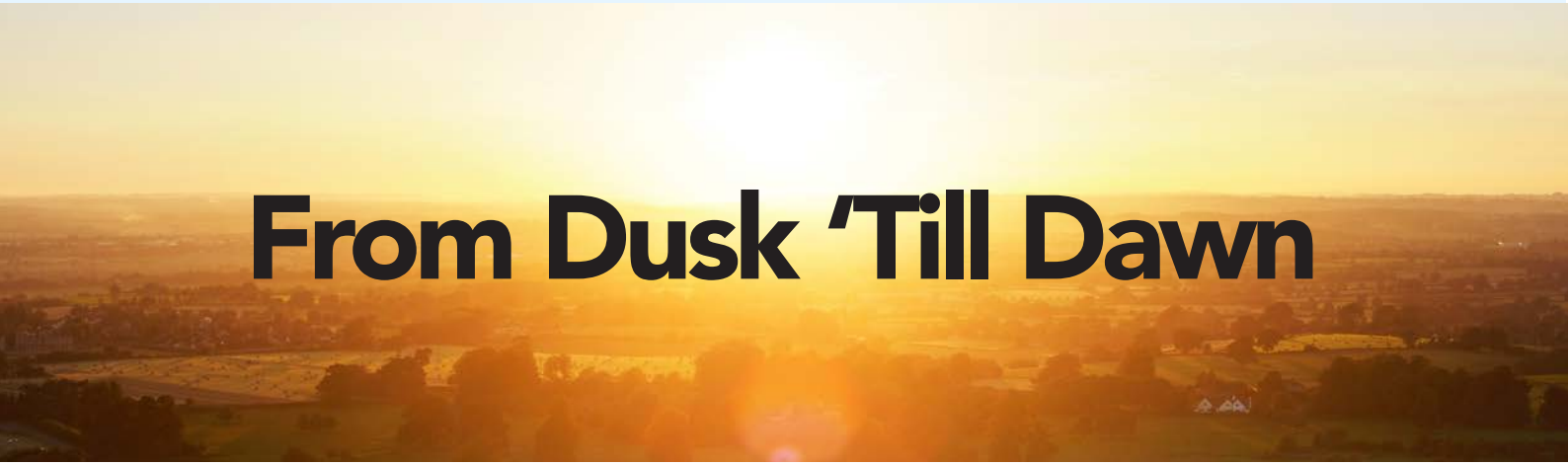
An innovative alternative to insulin pumps from Diabeloop

A French company, called Diabeloop, have made a further development in personalised diabetes management called the DBL-4pen. It involves an insulin pen linked to a smartphone app connected via Bluetooth, which operates as a continuous glucose monitor and measures blood glucose levels every 5 minutes. Users have to put in details about their meals and physical activity and the app automatically recommends the ideal insulin dose in real-time, which can be delivered via the pen. So, no more calculations to do.

The results can also be transmitted to a doctor, nurse or family members through the YourLoops, a health data storage system. The company is working towards a system where their software will work with almost every insulin pen on the market. Further details can be found at: **www.diabeloop.com**

California aims to slash insulin prices and challenge Big Pharma

We keep reporting on more challenges in the US to the cost of insulin sold by the three global manufacturers. The hope is that this helps to force them into reasonable pricing to prevent people from dying or becoming ill for lack of affordable insulin.
Now California is proposing getting into the prescription drug business, something no other no other state has done, by producing its own brand of generic insulin and selling it at below-market prices. The Governor is asking state lawmakers for $100 million to launch California's generic drug label, CalRx, and begin producing insulin in the next few years to make it available to "millions of Californians" for roughly $30 per vial and $55 for a box of five pen cartridges.
(Los Angeles Times, 1 June 2022)



From Dusk 'Till Dawn

Dawn Phenomenon
Many of us have heard of and perhaps experienced the Dawn Phenomenon. It is high blood sugars in the mornings, usually occurring 8 and 10 hours after going to sleep. These high blood sugar levels are caused by the release of certain hormones (including cortisol, glucagon, epinephrine) which cause the liver to release glucose.

Typically, the dawn phenomenon is treated by:

- avoiding intake of carbohydrates at bedtime
- adjusting how much insulin is administered
- switching to other insulins or using an insulin pump.

Testing blood glucose during the course of the night (say between 2 and 4am) may help to

establish when blood glucose levels are rising and therefore whether the morning highs are due to the dawn phenomenon. Corrective action can then be taken.
High morning blood sugar levels are relatively common and can be down to a variety of things not just the Dawn Phenomenon, including insufficient insulin, incorrect medication dosage, carbohydrate snacks before bed and more.

Night-Time Hypos and the Somogyi Effect
One particularly unpleasant and unwelcome feature of diabetes is the occurrence of night hypos. Night hypos tend to occur in people who treat their diabetes with insulin but hypos can occur in anyone using blood glucose-lowering medication. The chances of having night time hypos may be increased by the following:

- Too high a level of basal (background) insulin.
- Physical activity during the day can increase insulin sensitivity which can lead to night hypos, particularly for the first night after a sustained session of activity.
- Following alcohol consumption.
- Absence of a night time snack when one is usually taken.
- Missing out the evening meal.
- Following a period of illness if basal insulin was increased.

Sometimes you may wake during an episode of nocturnal hypoglycaemia. However, if you don't, you may notice the following signs may show that hypoglycaemia may have occurred whilst you were asleep:

- Waking with a headache.
- Experiencing seemingly unprovoked sleep disturbance.
- Feeling unusually tired.
- Waking with damp bed clothes and sheets from sweating. Having a clammy neck can be a particular indication of night time hypoglycaemia.

This phenomenon describes rebound high blood sugars in response to low blood sugar levels and is referred to as the Somogyi effect. The thinking is that prolonged levels of untreated hypoglycaemia could lead to stress and high blood sugar levels rebound as a defensive response by the body as it releases the endocrine hormones including glucagon.

This means an instant increase in blood glucose, and stress hormones cause insulin resistance for several hours, and this in turn leads to elevated blood sugar.

Although challenging, the Somogyi effect is avoidable in several ways. Intense blood glucose testing allows the Somogyi effect to be detected and then prevented by treating low blood sugars before any rebound occurs. Although often confused, the Somogyi Effect is different from the Dawn Phenomenon because it is brought on by nocturnal hypoglycaemia rather than natural circadian rhythms.

The Dusk Phenomenon
In the 1800's, scientists first proposed the notion of the 24-hour body clock. The idea was that almost all physiological activities and resulting behaviours were controlled by patterns of light and dark, from the sun, called circadian rhythms. Subsequent studies have found that these rhythms affect the insulin producing cells in the pancreas to the degree that disruption to sleep rhythms can not only affect diabetes but may be a contributory factor to the development of the condition itself.

While many of us are aware of the morning highs, perhaps we are not aware of the dusk phenomenon. This is a temporary and spontaneous high blood sugar at dusk (before and after dinner) occurring in people with diabetes who are otherwise well-controlled. The reason for this spike in high blood sugars is not fully understood and may vary between different groups of individuals, as does the degree to which different people experience it. Scientists have variously explained the dusk phenomenon as occurring as a result of changes in other pancreatic hormones, living conditions, blood glucose-related adjustments and biological clock changes such as travel to different time zones/jetlag.

Often unrecognised, this abnormal increase in blood glucose could cause someone to adjust for the hyperglycaemia leading to a hypo. Alternatively, non-intervention can lead to further, unwanted fluctuations in blood sugars. Studies have looked at various interventions, with a view to minimising the impact of the phenomenon including:

- Use of metformin or insulin in advance
- Changing an insulin pump regime

Studies using these possible management methods have initially showed good results but scientists freely admit that they need to carry out more research on the dusk phenomenon and how it can be managed.

BITS AND PIECES

Are there benefits for people with Type 2 diabetes of taking cinnamon extract?

A study has found that postprandial (after meal) glucose responses during oral glucose tolerance testing did not significantly differ between patients with Type 2 diabetes who took aqueous cinnamon extract and those who did not. Researchers said blood glucose levels were checked on fasting and every 30 minutes for two hours in both study groups. (Nutrients, April 2022)

Insomnia may increase cardiovascular events

The risk for a major adverse cardiovascular event may be higher in coronary heart disease patients who experience insomnia for 2 to 36 months, according to a recent study. Researchers discovered that insomnia is the third most common risk factor for major adverse cardiovascular events, after low physical activity and smoking. (Sleep Advances, April 2022)

Overtreatment of Type 2 diabetes prevalent in nursing homes

In line with other finding, a 7,422-person study in the US found that overtreatment was common among older adults with Type 2 diabetes in nursing homes. Risk factors for continued overtreatment were long-acting insulin use and hyperglycaemia, while severe functional impairment was linked with lower risk for continued overtreatment. (Journal of the American Geriatric Society, April 2022)

Prunes may help older women maintain bone mineral density

Postmenopausal women who ate 50 grams of prunes per day for a year, maintained bone mineral density (BMD) at the hip, while those who did not eat prunes lost BMD, according to a study. Researchers said prunes also may help protect against fractures. (World Congress on Osteoporosis, April 2022)

Self-management education improves quality of life

People with Type 1 diabetes who took part in diabetes self-management education experienced quality of life improvements, compared with people who did not. The lead researcher said that this finding suggests that there is recognition of the importance of evaluating patient-reported outcomes like quality of life and are moving beyond just HbA1c and its impact on achieving diabetes care goals. (The Science of Diabetes Self-Management and Care, April 2022)

Diabetes in pregnancy tied to retinopathy risk

Pregnant women with pre-existing Type 1 diabetes or Type 2 diabetes had higher risk of diabetic retinopathy compared with women with diabetes who were not pregnant. The findings published were based on information from 18 studies including 1,464 pregnant women with Type 1 diabetes and 262 pregnant women with Type 2 diabetes. (JAMA Ophthalmology, April 2022)

Prevalence, effects of symptomatic diabetic autonomic neuropathy in Type 1 diabetes

A 965-person study has found that about 20% of adults with Type 1 diabetes had symptomatic diabetic autonomic neuropathy. Symptomatic autonomic neuropathy was associated with increased risk of diabetic peripheral neuropathy and cardiovascular disease. (Journal of Diabetes and its Complications, April 2022)

Psychological resilience tied to glycaemic control in Type 1 diabetes

A study found that people Type 1 diabetes who had high psychological resilience had a greater likelihood of successfully managing their blood glucose, compared with those with low psychological resilience. It concluded that more research is needed to determine the relationship between psychological and physical wellbeing following a diabetes diagnosis and to establish the types of psychological interventions that could help people to manage and live well with their condition. (Diabetes UK Professional Conference 2022)

Vegan diets in Type 2 diabetes

A meta-analysis, which is an analysis of available research on a topic, has found that people with Type 2 diabetes who followed a vegan diet experienced improvements in blood glucose compared with those who continued their normal diets or followed other dietary patterns. The findings were based on an analysis of data from 11 randomized trials and also showed that vegan diets did not affect triglycerides or blood pressure levels. (Presented at the European Congress on Obesity, May 2022)

Metformin for pre-diabetes cuts Type 2 diabetes risk but not heart risk

Among adults with prediabetes, 850 mg of metformin daily or lifestyle changes were associated with lower risk of developing Type 2 diabetes but not lower risk for major adverse cardiovascular events compared with a placebo (dummy pill). The findings were based on data from 3,234 individuals with impaired glucose tolerance. (Circulation, May 2022)

RESEARCH

Regular HbA1c testing gives better diabetes control

It has previously been shown that the glycated haemoglobin (HbA1c) testing frequency is linked to diabetes control. This study looked at the effect of variability in testing intervals on changes in HbA1cs. HbA1c results were collected on 83,872 people at the start of the study and 5 years later with 6 or more tests being carried out during this period.
The results showed that generally less variability in testing frequency was associated with better diabetes control (meaning more consistent monitoring). This effect was most evident in certain groups:

- those aged greater than 65 years with starting HbA1c of 7.0–7.5% (54–58 mmol/mol),
- those with moderately raised starting HbA1c levels 7.0–9.0% (54–75 mmol/mol)).

The researchers concluded that the consistency of the testing interval, not the just number of tests per year, is important in maintaining diabetes control, especially in those with moderately raised HbA1c levels. They recommend that systems to improve regularity of HbA1c testing are needed. This means that hospital and GP systems need to check HbA1cs regularly, not just spasmodically or when tests can be fitted in as has happened as a result of the pandemic.
(Materials & Methods, May 2022)

Many women with Type 1 diabetes suffer sexual health issues

A study in Norway found that sexual health issues like vaginal dryness, reduced sexual desire and pain during intercourse were experienced by many women with Type 1 diabetes.
The findings emphasise the need to address sexual health during diabetes follow-up to provide complete health services to diabetes patients. (Diabetic Medicine, May 2022)
This can be a difficult topic to discuss or raise with your doctor or healthcare team although in an ideal world, they should raise it as part of your routine checks. However, if it helps, IDDT has a booklet, 'Sexual dysfunction in men and women' and if you would like a copy email: **enquiries@iddtinternational.org** phone: **01604 622837** or write to: IDDT, PO Box 294, Northampton NN1 4XS.

Development of a tool for earlier diagnosis of Type 1 diabetes in children

As we have known for many years one in four children and young adults do not have their Type 1 diabetes diagnosed until they have diabetic ketoacidosis (DKA). This is a potentially fatal condition when the body doesn't have enough insulin to allow blood sugar to be converted into energy. Researchers at Cardiff University investigated a way of avoiding this.
They have developed a predictive tool using artificial intelligence (AI) by looking at health information from more than a million children to identify patterns that could help identify Type 1 diabetes earlier. They found there were patterns associated with the condition, such as:

- urinary infections or bedwetting,
- family history of Type 1 diabetes,
- being prescribed certain antibiotics.

On average, the new tool would have allowed children to be diagnosed 11 days earlier and started on insulin treatment. This could prevent DKA and be the difference between life and death.

Presently the four commonly advertised symptoms of Type 1 diabetes to watch for are frequent urination or bedwetting in a previously dry child, excessive thirst, fatigue and unexplained weight loss.

TB vaccine as a treatment for Type 1 diabetes

Denise Faustman, director of the Massachusetts General Hospital Immunobiology Laboratory, is leading a clinical study of whether the bacillus Calmette Guérin vaccine (BCG) for tuberculosis can moderate blood glucose levels in paediatric Type 1 diabetes. The research has been going on for many years and Faustman's lab has shown that the BCG encouraged insulin production and reduced the need for insulin injections in adults with diabetes. She suspects the BCG protects the pancreas and repairs defective white blood cells, changing the course of the disease. (The Boston Globe, March 2022)

Announcement of ten new autoimmunity research projects

In all autoimmune conditions, the immune systems attack healthy cells in the body, causing symptoms that have the potential to severely limit people's lives. An estimated 4 million people in the UK are affected by autoimmune conditions which currently are incurable, such as Type 1 diabetes, coeliac disease, multiple sclerosis, psoriasis, rheumatoid arthritis and alopecia.

Although these conditions affect different parts of the body, they are somehow linked and there is a need for better understanding of this link. Hopefully this will pave the way to improved treatments for all autoimmune conditions.

The partnership of the Lorna and Yuti Chernajovsky Biomedical Research Foundation and Connect Immune Research is a coalition of immune-related medical research charities. They have announced £1 million funding for ten new 12-month pilot projects which will investigate how to target pathways common in the development of multiple autoimmune diseases to increase understanding and generate new treatments for multiple autoimmune conditions more quickly.

The studies will look at:

- Examining the genetics of autoimmunity
- Looking for potential new immunotherapy treatments for autoimmunity
- Analysing how gut health might affect autoimmunity
- Building knowledge of how different types of immune cells are involved in the development of autoimmune conditions.

This first round of pilot grants aims to develop proof of principle for potential new treatments for multiple autoimmune conditions by examining similarities between the different diseases. On completion, the most promising projects will be able to apply for further funding to take their work forward.

Steve Morgan Foundation invests £50 million into Type 1 diabetes research.

There has been an historic £50m investment from the Steve Morgan Foundation into Type 1 diabetes research. The founder Steve Morgan and his wife Sally, are driven by the fact that their son Hugo was diagnosed with Type 1 diabetes at the age of seven.

The donation, the largest ever single gift for UK diabetes research, will pave the way for the development of new treatments for Type 1 diabetes, focussing on specific areas:

- Treatments to replace or rescue insulin -making beta cells in the pancreas.
- Treatments to stop the immune system's attack that destroys insulin-producing beta cells.
- Next generation insulins, such as those that respond to changing blood sugar levels.

Lizzie's Tea Party

Lizzie's Tea Party for Diabetes 2022 held in Ballater, Aberdeenshire, on May 7th 2022.

After a gap of two years due to the pandemic Lizzie and her Mum were delighted to be able to get back to holding Lizzie's Tea Party. Lots of people of all ages had a great time on the green, playing games and eating treats. The party raised a total £1,210 to donate as usual to help the children and young people at Dr Pendsey's Dream Trust in India. For new readers, Lizzie was diagnosed with Type 1 diabetes when she was a little girl and she and her Mum held an annual Tea Party to raise money to help children at Dream Trust, where families have difficulties affording insulin and other supplies. IDDT and Dr Pendsey want to say a huge thank you to all the helpers and supporters who helped to raise this excellent amount of money.

From our own correspondents

The Freestyle Libre 2 is a godsend for night hypos

Some years ago, I tried using Freestyle Libre for monitoring my glucose levels. However, I gave it up as I found it confusing to use. Since then, thanks to the NHS, I became a user of the Freestyle Libre 2 system at the end of March - and it has proved excellent. Being able to check my blood whenever or wherever I wish has given me a better understanding of how my glucose levels change. The facility for warnings if my glucose falls below 3.9 is a godsend, especially at night. A warning of potential danger is far better than a full-blown emergency! I feel much more confident using Libre 2 and I know my general glucose levels have improved. I would recommend Libre 2 without hesitation.

By email
Mr M.B.

The postcode lottery continues

Dear Jenny,
I thought you may be interested to know that the "postcode lottery" is still in existence in the East of England when it comes to receiving the Freestyle Libre on prescription. I receive the sensor for free and live in Suffolk but my daughter who lives in Norfolk, was refused the sensor today by her diabetic clinic. She was told that it was only available to children, pregnant women and people with carers according to NICE guidance. She was told to try again in six months: do you think it will be any better? Your comments on this issue would be valued.

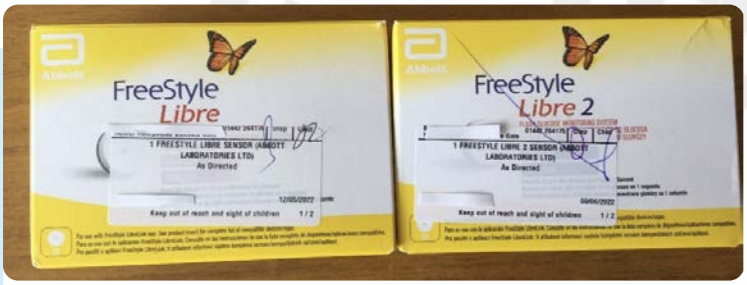
H.S.
By email

Jenny's comment: You are not the only ones to have this experience of this postcode lottery which is not good enough and certainly not fair! The most recent NICE guidelines were announced on March 30th 2022 recommending that everyone with Type 1 and those with Type 2 diabetes taking insulin should have access to continuous glucose monitoring which includes the Freestyle Libre. As a start, perhaps your daughter can point this out to her GP practice and see what happens then?
It may be a simple matter that some areas/ GP practices are not up to date with the NICE guidelines. Having said this, we feared that the postcode lottery would continue because NICE guidelines are just this - guidelines and not mandatory. Although NICE guidelines are based on best evidence and you would think prescribers would want to prescribe on this basis, there is no legal requirement that they have to be followed!

Sensor confusion!

Dear Jenny,

I feel I need to raise an awareness of a problem that I had regarding an issue when replacing my sensor for my Freestyle Libre 2. I placed the new sensor on my arm and my reader did not recognise it so I looked at the package only to discover it was not Libre 2. I had been given the wrong item by the pharmacy and they are now investigating how this has happened.



I have spoken to Abbott to raise it as an issue, because the packaging is very similar - the only difference is the 2, as shown in the picture. I hope you can make other users aware of this.

H.S.
By email

Epsom salts and your feet – no!

Dear Jenny,
I have begun to soak my feet in Epsom salts and I wonder if this is advisable and if not, why not?

Jenny's comment: It's recommended that you wash your feet every day, but you shouldn't soak them, no form of foot soak is appropriate for people with diabetes. As we know, taking good care of your feet when you have diabetes is important and helps to lower your risk of foot damage. Although some people soak their feet in Epsom salt baths, this is home remedy that isn't recommended.
One reason is that Epsom salt can cause a drying effect on the skin. This in turn can cause the skin to crack, and leave the broken skin and therefore, vulnerable to infection.

J.S.
Yorkshire

Reminders

Vitamin D supplement

The Government advice is that everyone should consider taking a daily vitamin D supplement during the autumn and winter. Vitamin D helps to regulate the amount of calcium and phosphate in the body. These nutrients are needed to keep bones, teeth and muscles healthy. A lack of vitamin D can lead to bone deformities such as rickets in children, and bone pain in adults.

The body creates vitamin D from direct sunlight on the skin when outdoors and from about late March/early April to the end of September, most people should be able to make all the vitamin D they need from sunlight. During the autumn and winter, you need to get vitamin D from your diet because the sun is not strong enough for the body to make vitamin D.

However, it is difficult for people to get enough vitamin D from food alone, so this is why the NHS offers the following advice - everyone (including pregnant and breastfeeding women) should consider taking a daily supplement containing 10 micrograms of vitamin D during the autumn and winter (never more than 100mg/day). It is also recommended that adults and children over 4 take this same daily supplement throughout the year if they:

- are not often outdoors, eg if they're frail or housebound,
- are in an institution like a care home,
- usually wear clothes that cover up most of their skin when outdoors,
- If you have dark skin, you may also not make enough vitamin D from sunlight eg you have an African, African-Caribbean or south Asian background.

Advice for infants and young children

It is recommended that babies from birth to 1 year should have a daily supplement containing 8.5 to 10 micrograms of vitamin D throughout the year (never more than 25mg/day) if they are:

- breastfed,
- formula-fed and are having less than 500ml (about a pint) of infant formula a day, as infant formula is already fortified with vitamin D.

Children aged 1 to 4 years old should be given a daily supplement containing 10 micrograms of vitamin D throughout the year. Vitamin D supplements or vitamin drops containing vitamin D (for under 5s) can be bought at most pharmacies and supermarkets. Women and children who qualify for the Healthy Start scheme can get free supplements containing vitamin D.

Food sources of vitamin D include:

- oily fish – such as salmon, sardines, herring and mackerel
- red meat
- liver
- egg yolks
- fortified foods – such as some fat spreads and breakfast cereals.

Note: in the UK, cows' milk is generally not a good source of vitamin D because it is not fortified, as it is in some other countries.

Note: low vitamin D may raise foot ulcer risk in Type 2 diabetes

A pre-print study has shown that low vitamin D was linked to a higher risk of diabetic foot ulcers in older adults with diabetes. The study included 339 hospitalised patients, aged 60 to 90, with Type 2 diabetes. The researchers recommend that these patients should be regularly screened for vitamin D deficiency. (researchsquare.com June 2022)

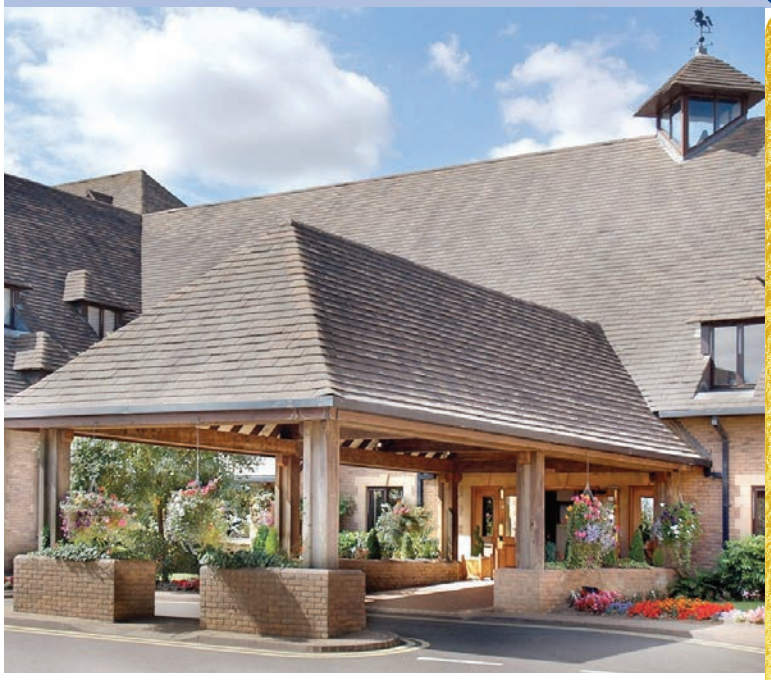
Flu and pneumo jabs

We usually we remind you that the flu jab is offered first to people in 'at risk' groups which includes those with diabetes, pregnant women and the elderly. This year, some people may be eligible for both the flu and the Covid booster vaccines. If you are offered both vaccines, it' is safe to have them at the same time.

We also advise you about the 'pneumo' jab - a vaccination to protect against pneumonia. This jab is available to the following groups of people:

- children who are under two years of age – they are vaccinated as part of the childhood vaccination programme,
- adults who are 65 years of age or over,
- children and adults with certain chronic health conditions, including diabetes.

Don't forget the IDDT Event on Saturday 29th October 2022!



A copy of the programme for IDDT's Annual Event on Saturday 29th October 2022 is enclosed with this Newsletter. It is being held at our usual venue, the Kettering Park Hotel and Spa.

We start the day with our Annual General Meeting and this is the opportunity to nominate new Trustees. If you would like to nominate someone, then please put this in writing to IDDT along with the agreement of the person you are nominating.

Please take a look and you will see the programme is a combination of speakers and discussion groups so includes something for everyone and as ever, it is an opportunity to meet other people who live with diabetes.

We do hope as many of you as possible with join us on the day, teas, coffees and a meal at lunchtime are provided, so please do complete the booking form and return to IDDT by 10th October 2022. If you have any questions or would like another booking form, don't hesitate to give IDDT a call on

Tel: 01604 622837

Or email: enquiries@iddtinternational.org

Or visit our website: www.iddtinternational.org

Enter the IDDT Lottery now!

LOTTERY RESULTS

WINNERS OF THE April 2022 DRAW ARE:

1st prize of £553.44 goes to Doreen from Ely
2nd prize of £415.08 goes to Neil from Thetford
3rd prize of £276.72 goes to Marina from London
4th prize of £138.36 goes to Rosemary from Newtownabbey

WINNERS OF THE May 2022 DRAW ARE:

1st prize of £556.32 goes to Sylvia from Barton Seagrave
2nd prize of £417.24 goes to Stephen from Swindon
3rd prize of £278.16 goes to Neil from Thetford
4th prize of £137.52 goes to Bev from Edgware

WINNERS OF THE June 2022 DRAW ARE:

1st prize of £550.08 goes to Anon from Wolverhampton
2nd prize of £412.56 goes to Ruth from Gloucester
3rd prize of £275.04 goes to Julie from Torfean
4th prize of £137.52 goes to Anon from Alford

Note: The winners of the draws for July, August and September 2022 will be announced in our December 2022 Newsletter and on our website.

A huge 'Thank You' to everyone who supports IDDT through the lottery. If you would like to join in for just £2.00 per month, then give us a call on 01604 622837 or email jenny@iddtinternational.org

INDEPENDENT DIABETES TRUST

SNIPPETS

Has anyone been cured of type 1 diabetes?

Do you remember all the publicity surrounding a 2020 case report of a 17-year-old boy who was 'cured' of his Type 1 diabetes? It appears that additional symptoms led to a later diagnosis of an underlying immune disorder. The immune disorder was treated with medication. After 1 year of medication (21 months after the initial diabetes diagnosis), he was able to safely stop taking insulin. Articles such as this encourage doctors and lead them to pursue new avenues of diabetes research but they should also be read with care. The case in this report is isolated and specific. Not enough time has passed to know what the long-term results will be.

Why has the recent sugar reduction programme not included bread when businesses were challenged to reduce the amount of sugar in food?

There was no sugar in bread 60 years ago which begs the question of why sugar is in bread now? When bread is being made, sugar is needed for several reasons:

- to extend shelf life by reducing the oxidation which causes food to deteriorate,
- to reduce the rate at which bread becomes stale,
- to activate yeast for fermentation,
- to add colour during the baking process and add to the texture.

The sugar contributes only about 2% of free sugars intake in children. Therefore, it is much more worthwhile to target sugar reduction on products that are higher in sugar and contribute the most to children's intake of sugar. Sweeter bread products such as buns, fruit loaves and bagels are included in the programme. So too are plain and savoury breads, for example, garlic bread is included as part of the salt reduction programme, as these products make greater contributions to salt intakes than sugar intakes.

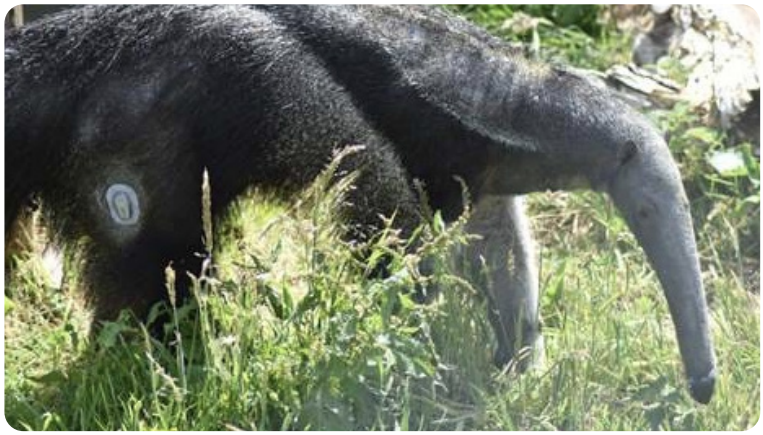
Posties to deliver your prescriptions!

Royal Mail Health has teamed up with Pharmacy2U, an online pharmacy, to deliver NHS prescriptions reliably and safely. This is free for patients and simply requires registration online. You can use the service, by downloading the Royal Mail Health app or visit online at www.royalmail.com/health/pharmacy2u I have to say that I hope it works a lot more efficiently than IDDT's mail delivery from Royal Mail as we can go up to 3 days without a delivery and then receive 3 days' worth of post on one day!
As we have commented previously, this requires people to have online facilities or an app and we have to wonder if the people most likely to want home delivery of medicines are older people but are they not the least likely to use apps and the web?

Key skills help physicians build, maintain patient trust

Studies, surveys and articles on patients' trust of physicians have observed that good communication and interpersonal skills are vital in forming and maintaining a strong physician -patient relationship. They noted that eye contact, careful listening and empathy are all part of building trust. (Physician's Weekly, April 2022) This seems very basic knowledge!

CGM for an anteater!



Nala, a female giant anteater at Edinburgh Zoo has been diagnosed with Type 1 diabetes – after staff noticed symptoms similar to those in humans. She is now fitted with a blood glucose monitor to help manage her condition.
The keepers quickly trained Nala to take an insulin injection every day but the challenge was how to monitor her blood glucose levels to ensure she was receiving the correct dose. Her vet said that taking daily bloods was not an option so the zoo asked Dexcom for a continuous glucose monitor to find a way that would be the least invasive for her. Her blood glucose levels are now being measured remotely through an app.

www.iddtinternational.org PO Box 294 Northampton NN1 4XS enquiries@iddtinternational.org